PAID: __

RECEIPT NUMBER: _

UNITED STATES VIRGIN ISLANDS DEPARTMENT OF AGRICULTURE

ST. CROIX #1 Estate Lower Love RR1 Box 10345 Kingshill, V.I. 00850 **Telephone:** (340) 778-0997

ST. THOMAS #7944 Estate Dorothea

Dorothea, V.I. 00802 **Telephone:** (340) 774-5182 Fax: (340) 774-1823

ST. JOHN

#11 Estate Carolina Coral Bay, V.I. 00830 **Telephone:** (340) 776-6274

Fax: (340) 693-5065



		<u>NON INL</u>	IGENOUS A	NIIVIA	<u>L IMPORT P</u>	<u>'ERIMITI</u>		
Permission is gra	nted for the sh	nipment of						
to the United Sta compliance with of Agriculture ar	Provisions of T	Title 19 Virgin Is			and Regulations	promulgated there	eto by the Commissione	
Permit No.:	DATE of ENTRY			PORT				
CONSIGNOR	Name: Mailing Addr Physical or B Telephone:	ess: usiness Addres	s:	Emo	ıil :			
			7		>			
OWNER and	Name: Mailing Address: Physical: Premise Number							
ADDRESS Telephone Signature: PERTINENT REGULATIONS: Health Certificate must accompany Import Permit. One permit.								
e Anima Owne	imals will be in il is not quaran r is responsible e allowed entry il will not be all	ispected by VI D tined or showin	epartment of Ag g clinical signs of care, feeding, ho	riculture contagi	upon arrival. ous or infectious		·	
Identification Scien		tific Name		Common Name				
Color				Sex		No. of Animals		
This Import Perr Islands. Permit i		_	•	immedi	ately upon arriva	al of animals (s) in th	ne United States Virgin	
Date: Director of Veterinary Services, VI Department of Agriculture Date:					Date: Commissioner, VI Department of Agriculture			
Chief of Wildlife,	Department of Pla	anning & Natural Ro	esources - F&W					
			AUTHORIZED PI	ROCESSOR	ONLY			

DATE:__

AUTHORIZED PROCESSOR (Initials):_